PARKING AUTHORITY OF BALTIMORE CITY
200 W. Lombard Street, Suite B
Baltimore, MD 21201
Main Phone: 443-573-2800
Email: Valet_Parking@BCParking.com

VALET OPERATOR'S LICENSE APPLICATION

Applicant Legal Name: _____

Business/Trade Name (DBA): _____

Primary Address: _____

City: _____State: _____Zip: _____

Primary Telephone: _____ Secondary Telephone: _____

Other Business Address: _____

City: _____ State: _____ Zip: _____

Business Email: _____

Provide contact information for two (2) managers below:

Manager Name: _____

Primary Telephone: _____ Email: _____

Manager Name: _____

Primary Telephone: _____ Email: _____

List all valet parking licenses or permits granted to applicant within the past 5 years, from the City of Baltimore and any other jurisdictions:

1. _____ 3. _____

2. _____ 4. _____

List all valet hosts in the City of Baltimore or any other jurisdiction that have used the applicant's services within the preceding 2 years:

1. _____ 3. _____

2. _____ 4. _____

DO NOT WRITE BELOW THIS LINE

OPERATOR LICENSE NUMBER			
	Valet License Application	$25	Bxxx-xxx-xxx-01-000
	Valet License	$250	Bxxx-xxx-xxx-02-xxx

Attach the following documents to this application. Then, initial to certify that the item is attached. Submit all attachments with application. Incomplete applications will not be accepted.

Required Documents	Initial
1. Proof of Insurance The insurance certificate **must** include the following: • The Certificate Holder **must** be addressed to: Mayor and City Council of Baltimore City 100 N. Holiday Street Baltimore, MD 21202	
2. Certificate of Good Standing from the Maryland SDAT • To obtain a certificate, visit: https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx	
3. Payment by check, money order, or credit card A non-refundable $25.00 application fee is required to process this application. A $250.00 non-refundable annual licensing fee is also required prior to the issuance of license. Complete and attach the necessary form for credit card payment. All credit card information must be faxed to our secure fax number at 410-244-1730.	

I, _____, affirm that I am *(select from below)*
(Print First and Last name)

☐ Sole Proprietor of _____ ☐ Managing Partner of _____
☐ Chief Executive Officer of _____ ☐ Other _____

I certify that I have inspected the driver licenses of all the valet attendants employed by my company. I can confirm that their driver licenses are in good standing and that the valet attendants are 18 years or older.

Signature: _____ Date: _____

DRAFT